



# COUNTY OF ORANGE CERTIFIED UNIFIED PROGRAM AGENCY - CUPA

HEALTH CARE AGENCY / ENVIRONMENTAL HEALTH  
2009 E. EDINGER AVENUE, SANTA ANA, CA 92705-4720

Telephone: (714) 667-3600 / FAX: (714) 568-5116

## UST FACILITY MODIFICATION APPLICATION

### SUBMIT A SEPARATE FORM FOR EACH TYPE OF CONSTRUCTION ACTIVITY

(e.g. Installations, Removals, System Modifications, Repairs, etc.)

#### SITE INFORMATION

FACILITY NAME: \_\_\_\_\_ SUBMITTAL DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ CITY CODE \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

#### APPLICANT REQUESTOR

APPLICANTS NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ X \_\_\_\_\_

APPLICANTS SIGNATURE (TANK OWNER OR DESIGNEE)

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

ALTERNATE # (CELL, PAGER) \_\_\_\_\_

**UPC UST Forms are required to be submitted prior to pick up of approved UST plans. Forms provided at Plan Check Counter or at <http://www.oc.ca.gov/hca/regulatory/cupa/forms.htm>**

#### TYPE OF CONSTRUCTION

UST PLAN TYPE: \_\_\_\_\_ CODE \_\_\_\_\_

☐ INSTALLATION (S) # \_\_\_\_\_ T01

☐ CLOSURE (S) – REMOVAL (S) # \_\_\_\_\_ T02

☐ SYSTEM MODIFICATION (REPIPE, REPAIR TO PIPING) T03

☐ REPAIR (S) OR RELINE (S) USTs T04

☐ OTHER (SPECIFY) \_\_\_\_\_ T05

#### CONTRACTOR INFORMATION

(Persons performing work on USTs must meet specific State Contractors Licensing Board requirements)

CONTACT PERSON \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

CONTRACTORS LICENSE TYPE \_\_\_\_\_

CONTRACTORS STATE LICENSE # \_\_\_\_\_

NOTES: NEW INSTALLATIONS, CLOSURES, REPAIRS AND SYSTEM MODIFICATIONS OF UNDERGROUND STORAGE TANKS REQUIRE THE SUBMITTAL OF (4) SETS OF PLANS TO THIS DIVISION. THESE PLANS MUST BE APPROVED PRIOR TO THE INITIATION OF ANY CONSTRUCTION OR MODIFICATION. ALL PLANS OR REPORTS REQUIRED MUST ACCOMPANY THIS FORM AT THE TIME OF SUBMITTAL.

PLAN APPROVAL AND FEES ARE VALID FOR ONE YEAR. IF TANKS HAVE NOT BEEN REMOVED, INSTALLED OR MODIFIED WITHIN ONE YEAR OF THE APPROVAL DATE, NEW PLANS AND FEES MUST BE SUBMITTED.

#### OFFICE USE ONLY

SR # \_\_\_\_\_ PE: \_\_\_\_\_ FEES PAID: \_\_\_\_\_ CHECK # \_\_\_\_\_ RCVD.BY: \_\_\_\_\_

PLAN APPROVAL DATE: \_\_\_\_\_ BY: \_\_\_\_\_ FA # \_\_\_\_\_

## TANK INFORMATION

PROVIDE THE INFORMATION BELOW FOR ALL TANKS AND PIPING SYSTEMS TO BE INSTALLED, REMOVED OR REPAIRED. ALSO INDICATE THE UPGRADE/CHANGES TO BE MADE TO EACH TANK SYSTEM.

TANK I.D.			#1	#2	#3	#4
<b>MATERIAL STORED</b>	MATERIAL OR WASTE STORED	CURRENTLY				
		PROPOSED				
		PREVIOUSLY				
	FUEL TYPE, I.E., UNLEADED					
<b>C O N T A I N E R</b>	TYPE (TANK, SUMP, OTHERS)					
	DOUBLE WALL/SINGLE WALL					
	UL NUMBER					
	YEAR INSTALLED					
	VAULTED/NOT VAULTED					
	<b>PRIMARY</b>	MANUFACTURER				
		CAPACITY (GALLONS)				
		CONSTRUCTION MATERIAL				
		THICKNESS (UNITS)				
		INTERIOR LINING				
	<b>SECONDARY</b>	MANUFACTURER				
		CAPACITY (GALLONS)				
		CONSTRUCTION MATERIAL				
		THICKNESS (UNITS)				
	CORROSION PROTECTION					
	TYPE OF LEAK DETECTION FOR USTs (LIQUID, PROBE, ETC.)					
	MANUFACTURER OF LEAK DETECTOR					
<b>P I P I N G</b>	LOCATION (UNDER/ABOVE GROUND)					
	SUCTION/PRESSURE GRAVITY/UNKNOWN					
	<b>PRIMARY</b>	CONSTRUCTION MATERIAL				
		MANUFACTURER				
	<b>SECONDARY</b>	CONSTRUCTION MATERIAL				
		MANUFACTURER				
	TYPE OF LEAK DETECTION FOR PIPING (PRESSURE LOSS DEVICE, ETC.)					
MANUFACTURER OF LEAK DETECTOR						
OVERFILL PROTECTION (TYPE)						
SPILL CONTAINMENT (TYPE)						